

# IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

PLAINTIFF

vs.

NO. \_\_\_\_\_

DEFENDANT

## **ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY**

1. I am the ☐ Plaintiff ☐ Defendant in the above-captioned **(MARK ONE)** ☐ custody, ☐ divorce, ☐ support, ☐ protection from abuse, ☐ paternity case.
2. ☐ This **(MARK ONE)** ☐ is ☐ is not a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

### **OR (check only one box)**

- ☐ This is **NOT** a new case and \_\_\_\_\_ previously  
(Name of Attorney)  
represented me in this case. I have decided not to be represented by that attorney and direct the Prothonotary to remove that attorney as my counsel of record in this case.

I have provided a copy of this form to that attorney listed above at the following address:

### **OR (check only one box)**

- ☐ I am entering my appearance as a self-represented party (sign) \_\_\_\_\_  
My attorney acknowledges his/her withdrawal as my attorney in this case.  
(Attorney signature) \_\_\_\_\_, Esq.
3. My address for the purpose of receiving all future pleadings and other legal notices is: \_\_\_\_\_  
\_\_\_\_\_. I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.
- ☐ This is my home address. ☐ This is not my home address.
4. My telephone number where I can be reached during normal business hours (8:00 a.m. – 4:30 p.m. Monday – Friday) is \_\_\_\_\_. My email address is \_\_\_\_\_  
☐ My telephone number and email address are confidential pursuant to a Protection From Abuse Order.
5. **I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.**
6. I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below: (Use reverse side if you need more space)
- |            |               |
|------------|---------------|
| Name _____ | Address _____ |
| Name _____ | Address _____ |
7. I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the statutory law, evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities.

**I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Your Signature)